

## ADOPTION SEARCH APPLICATION

Adoption Records Search Program  
P.O. Box 8916  
Madison, WI 53708-8916  
(608) 266-7163

For Office Use Only

AF No. \_\_\_\_\_

CMT No. \_\_\_\_\_

Search No. \_\_\_\_\_

### APPLICANT INFORMATION

Current Name: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Telephone Numbers: ( ) \_\_\_\_\_ (Home) ( ) \_\_\_\_\_ (Work) ( ) \_\_\_\_\_ (Cell)

E-Mail Address: \_\_\_\_\_

Best method and time to contact you: \_\_\_\_\_

Access to confidential adoption information is restricted to the following requesters age 18 or older. Check the box that applies.

- I am: ☐ An adult adoptee (adopted in Wisconsin).  
**See Part A**
- ☐ A person whose birth parents' rights were terminated in Wisconsin but was never adopted.  
**See Part A**
- ☐ An adoptive parent of person adopted in Wisconsin.  
**See Part B**
- ☐ A guardian or legal custodian of a person adopted in Wisconsin or whose birth parents' rights were terminated in Wisconsin. **Attach proof of guardianship.**  
**See Part B**
- ☐ An offspring (child) of a person adopted in Wisconsin. **Attach a photocopy of your birth certificate.**  
**See Part B**
- ☐ An agency or social worker assigned to provide services to a person adopted in Wisconsin or whose birth parents' rights were terminated.  
**See Part B**

The Department of Health and Family Services (DHFS) maintains agreements with some private adoption agencies for the provision of adoption search services. Your request may be forwarded to the agency that facilitated your adoption, unless you mark the box below.

- ☐ I request that my search request be assigned to a DHFS Central Office Search Specialist.

**CONFIRMATION OF IDENTITY**

- Instructions:**
- 1. Complete the following information and sign before a notary public. (Bank or attorney's office.)**
  - 2. Attach a copy of a current state issued photo ID.**
  - 3. Include proof of name change (not necessary for marriages).**

I, \_\_\_\_\_ whose date of birth is \_\_\_\_\_  
(Name – Applicant) (mm/dd/yyyy)

certify that I have submitted a request to the Wisconsin Department of Health and Family Services for adoption search services.

I certify that the attached identification card contains my actual photograph and signature.

\_\_\_\_\_  
**SIGNATURE – Applicant**

Subscribed and Sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My commission expires \_\_\_\_\_

(SEAL)

As provided under Wisconsin Statute section 946.32(1)(a), making a statement under oath or affirmation that you believe to be false for purposes of confirming your identity to obtain information from the Adoption Records Search Program is a Class H felony, punishable by a fine of up to \$10,000, or imprisonment up to 6 years, or both.

## PART A

### ADOPTEE APPLICATION

**Instructions:** Complete this page if you are an adult adoptee (18 years or older and adopted in Wisconsin) or a person whose birth parents terminated parental rights in Wisconsin but was never adopted.

#### 1. Information to help us locate your adoption or commitment record.

Adoptive name: \_\_\_\_\_  
(First, Middle, Last)

Birthdate: \_\_\_\_\_ Birth place: \_\_\_\_\_  
(mm/dd/yyyy) (City, State)

Name(s) of adoptive parent(s) at time of placement: Mother: \_\_\_\_\_  
(First, Middle, Last)

Father: \_\_\_\_\_  
(First, Middle, Last)

Name – Adoption agency (if known): \_\_\_\_\_

County of adoption: \_\_\_\_\_

☐ Yes ☐ No Was this a step-parent or relative adoption?

Birth name (if known): \_\_\_\_\_  
(First, Middle, Last)

Names of birth parents (if known): Mother: \_\_\_\_\_  
(First, Middle, Last)

Father: \_\_\_\_\_  
(First, Middle, Last)

#### 2. Information requested – Check each type of information you are requesting.

**Non-identifying information** – All information leading to the identity of the birth parent(s) will be deleted.

- ☐ Copy of adoption record – Includes all information concerning circumstances of adoption, and birth parent family medical and social history information collected at the time of placement.
- ☐ Updated family medical history. A search for birth parent(s) will be conducted in order to obtain requested information. **Attach physician's letter with the application.**
- ☐ Information regarding eligibility for tribal enrollment – If eligible, we will assist with the enrollment application process. **Attach a photocopy of your Social Security card.**

**Identifying information** – Can only be released with the written consent of the birth parent(s). A search for birth parent(s) will be conducted if consent is not currently on file with DHFS.

- ☐ Current names and addresses of birth parent(s). Birth fathers can only be contacted if paternity was legally established.
- ☐ Impounded birth certificate

**OUTREACH STATEMENT TO BIRTH PARENTS.**

**Complete this section if you have requested identifying information.** Birth parents often carefully consider your reasons for searching before they make a decision about your request. Use the space below to tell us what you would like to share with your birth parents about yourself. This statement will be provided to your birth parent. Identifying information about you and / or photos **can not** be shared with your birth parent(s) at this time.

---

PART B

**APPLICATION REQUEST FOR ADOPTIVE PARENTS, GUARDIANS / LEGAL CUSTODIANS  
AND OFFSPRING OF WISCONSIN ADOPTEES**

**Instructions:** Complete this page if you are requesting information on behalf of a Wisconsin adoptee.

1. **Relationship to Adoptee:** \_\_\_\_\_

2. **Information to help us locate the adoptee's adoption record.**

Current name of adopted person: \_\_\_\_\_  
(First, Middle, Last)

Adoptive name: \_\_\_\_\_  
(First, Middle, Last)

Birthdate: \_\_\_\_\_ Birth place: \_\_\_\_\_  
(mm/dd/yyyy) (City, State)

Name(s) of adoptive parent(s) at time of placement: Mother: \_\_\_\_\_  
(First, Middle, Last)

Father: \_\_\_\_\_  
(First, Middle, Last)

Name – Adoption agency (if known): \_\_\_\_\_

County of adoption: \_\_\_\_\_

☐ Yes ☐ No Was this a step-parent or relative adoption?

Birth name (if known): \_\_\_\_\_  
(First, Middle, Last)

Names of birth parents (if known): Mother: \_\_\_\_\_  
(First, Middle, Last)

Father: \_\_\_\_\_  
(First, Middle, Last)

3. **Information requested** – Check each type of information you are requesting.

**Non-identifying information** – All information leading to the identity of the birth parent(s) will be deleted.

- ☐ Copy of adoption record – Includes all information concerning circumstances of adoption, and birth parent family medical and social history information collected at the time of placement.
- ☐ Updated family medical history. A search for birth parent(s) will be conducted in order to obtain requested information. **Attach physician's letter with the application.**
- ☐ Information regarding eligibility for tribal enrollment – If eligible, we will assist with the enrollment application process. **Attach a photocopy of your Social Security card.**

## **ADOPTION RECORDS SEARCH PROGRAM FEES**

### **\$25.00 Application Fee**

A non-refundable application fee of \$25.00 in the form of a check or money order made payable to the "**Department of Health and Family Services**" must be submitted with the application for all requests. This fee covers the search of Vital Records and the Central Birth Registry which is necessary to confirm your identity, locate the adoption record and search for updated birth family information that may be on file with the Department of Health and Family Services.

### **Fee for Non-Identifying Copy of Adoption Record**

There is an hourly charge for copying, deleting identifying information, proofreading and recopying the adoption record. The Department's charge is \$75.00 / hour. Private agency hourly charges may be slightly higher. The average adoption record takes about one hour to prepare. **The fee for this service will not exceed \$150.00.**

### **Fee for Birth Parent Search**

There is an hourly charge for the time it takes to locate birth parent(s) when a search for identifying information or updated medical / genetic information is requested and affidavits of consent are not already on file with DHFS. The Department's charge is \$75.00 / hour. Private agency hourly charges may be slightly higher. It generally takes one to two hours to locate a birth parent. Your search specialist will contact you for additional authorization if the search for your birth parents will require more than two hours.

### **Tribal Enrollment**

There is no fee for determining eligibility for tribal enrollment or for DHFS assistance with the enrollment process. If you are eligible for enrollment and wish to apply, a Vital Records fee of \$31.00 will be requested from you in order to obtain the required copies of certified birth and adoption enrollment documents.

**Fee Reductions** – Fee reductions are based on the Uniform Fee Schedule, s. 46.03(18), Wisconsin Statutes. Complete page 7 if you wish to apply for a fee reduction.

I agree to pay the adoption search fees for my request as stated above.

---

**SIGNATURE** – Applicant

---

Date Signed

## APPLICATION FOR FEE REDUCTION

Name – Applicant: \_\_\_\_\_  
(First, Middle, Last)

### INCOME ALLOWANCES FOR FAMILIES OF DIFFERENT SIZES

Family Size	1	2	3	4	5	6	7	8	9
Annual Allowance	\$15,876	\$25,668	\$30,540	\$35,472	\$40,344	\$44,316	\$47,376	\$49,512	\$51,648

Above Allowances Based on Uniform Fee System Standard Schedule, 2006

### CHARGE BASED ON INCOME

1. Enter family size	
2. Enter total annual family income	\$
3. Enter allowance for family size: If amount of line 2 is less than amount of line 3, <b>STOP!</b> Your maximum fee is the one hour charge.	\$
4. If the amount of line 2 is more than the amount of line 3, subtract line 3 from line 2	\$
5. Multiply line 4 by .05 (5%)	\$
6. This is your maximum fee. a. For private agency cases, there is a minimum one hour charge. b. For DHFS cases, the actual charge is based on the amount on line 5 or \$75.00, whichever is greater, except when less than one hour is needed.	

☐ I am applying for a fee reduction. A signed and dated copy of my federal income tax return or W-2's from last year are attached. If you had no family income last year, we must have a statement that explains why, proof of no income, or confirmation of assistance. If you are receiving disability benefits, you must provide documentation.

\_\_\_\_\_  
**SIGNATURE** – Applicant

\_\_\_\_\_  
Date Signed

**Office Use:** Fee Waiver ☐ Eligible  
☐ Not eligible

## DID YOU REMEMBER TO . . .

- ☐ Enclose the non-refundable application fee of \$25.00. Make the check payable to the "**Department of Health and Family Services.**"
- ☐ Notarize your Confirmation of Identity form (page 2).
- ☐ Attach a copy of a current State issued photo ID.
- ☐ Attach proof of guardianship if you are the guardian of an adoptee or an individual / person whose birth parent(s) terminated their rights.
- ☐ Attach a photocopy of your birth certificate if you are the offspring (child) of an adoptee.
- ☐ Include a letter from your physician if you are requesting updated medical / genetic information.
- ☐ Attach a photocopy of your Social Security card if you have requested Tribal enrollment.
- ☐ Sign and date page 6 if you are **not** applying for a fee reduction.
- ☐ Complete, sign and date page 7 if you are applying for a fee reduction. Include a signed copy of last year's federal income tax return or W-2's.

## Mail your application materials to:

Adoption Records Search Program  
P.O. Box 8916  
Madison, WI 53708-8916

## Questions?

Call us at (608) 266-7163, Monday – Friday, 8:00 – 4:30 P.M.

OR

Visit our website at <http://dhfs.wisconsin.gov/children/adoption/adsearch.htm>